

PROCEDURE:

1. Paramedic shall assess and evaluate the patient using all the criteria listed below.
2. If ALL criteria are **Yes (Green)** – triage patient to designated Psychiatric Urgent Care Center (PUCC), only if transport time is within 15 minutes.
3. If ANY criterion is **No (Red)** – triage patient to the most accessible 9-1-1 receiving hospital.
4. MEDICAL CLEARANCE CRITERIA FOR **PUCC**

Provider Impression of Behavioral/Psychiatric Crisis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily consented or 5150 hold	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulatory, does not require wheelchair and no focal neurological deficit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age \geq 18 years old and \leq 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate \geq 60 and \leq 120 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate \geq 12 and \leq 24 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry \geq 94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP \geq 100 and $<$ 180 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glasgow Coma Score \geq 14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetes, glucose \geq 60 and $<$ 250mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of: chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No open wounds or bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not requiring special medical equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No dangerous behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No signs and symptoms of Agitated Delirium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMS Personnel feel patient is stable for PUCC	Yes <input type="checkbox"/>	No <input type="checkbox"/>